

PLEASE RETURN THE COMPLETED FORM TO: BONNIE HASSEL MAIL STOP 21-9 (ROOM 116, PHONE 3-3121) BY _____.

OFFICIAL FACILITY SCHEDULING REQUEST

PURPOSE OF MEETING/ACTIVITY		FREQUENCY (<i>"X" appropriate block</i>)		
		ONE TIME	RECURRING	
MEETING/ACTIVITY DATE(s)	TIME (<i>Specify AM/PM</i>)		LOCATION: <input type="checkbox"/> GUERIN HOUSE <input type="checkbox"/> PICNIC GROUNDS <input type="checkbox"/> AD BUILDING AUDITORIUM <input type="checkbox"/> DEB AUDITORIUM <input type="checkbox"/> OTHER _____	
	FROM	TO		
EVENT SPONSORS 1. Organization Sponsor (Group Name) 2. Requestor/Responsible Contact(s)		ATTENDEES		
		TYPE	NUMBER	
		Lewis Employees		
		Immediate Family Members & Escorts		
		Resident Personnel		
		Immediate Family Members & Escorts		
		Other Guests		
		TOTAL NO.		
TRANSPORTATION (<i>Indicate if other than private conveyance; e.g. bus, helicopter, etc.</i>)				
OTHER REQUIREMENTS/COMMENTS:				
REQUESTER'S CERTIFICATION I have reviewed a copy of LPD 1590.2, Social and Recreational Activities. My Committee and I agree to abide by the rules pertaining to conduct, admission, and the use and maintenance of the facility.				
SIGNATURE	ORG. CODE/COMPANY	MAIL STOP	PHONE	DATE
APPROVAL (<i>Immediate Supervisor, C.O.T.R., Club President or Presiding Officer/Official</i>)				
SIGNATURE	TITLE		DATE	
APPROVAL (<i>Logistics and Technical Information Division</i>)				
SIGNATURE	Chief, Logistics and Technical Information Division		DATE	
INTERNAL OFFICE USE ONLY:				
COPY TO				
<input type="checkbox"/> OZANNE – JANITORIAL UNIT	<input type="checkbox"/> BUILDING MANAGER	<input type="checkbox"/> SECURITY (MAIN GATE)		